Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood; DC:0-5
Objectives

• Describe the new Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC:0-5

Presentation by Kathleen Mulrooney
ZERO TO THREE

• Hear about New York State’s plans to make DC:0-5 the recommended diagnostic tool for children birth to age 5

• Find out about DC:0-5 trainings at a site near you
An Overview of DC:0-5

• DC:0-5 was developed since existing classification systems such as DSM V did not adequately reflect the unique developmental and relational experiences of infants and young children.

• DC:0-5 is a multi-axial system that considers a child’s clinical disorder only after issues such as the child’s health, development, psychosocial stressors, and culture as well as the nature of the child’s relationship with important caregivers have been assessed.
Donna Bradbury, Associate Commissioner at New York State Office of Mental Health
# New York State Trainings

**DC:0-5**

As part of the Preschool Development Grant Birth through Five Initiative (NYS B5), New York Center for Child Development (NYCCD) and the New York State Office of Mental Health (OMH) in collaboration with CTAC will be offering the following trainings across New York State:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Registration Link</th>
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<tbody>
<tr>
<td>Buffalo</td>
<td>July 11 &amp; 12</td>
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<td>Sept. 26 &amp; 27</td>
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<tr>
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<td>Sept. 30 &amp; Oct. 1</td>
<td><a href="http://registration.nytac.org/event/?pid=1&amp;id=813">http://registration.nytac.org/event/?pid=1&amp;id=813</a></td>
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<tr>
<td>Syracuse</td>
<td>Oct. 2 &amp; 3</td>
<td><a href="http://registration.nytac.org/event/?pid=1&amp;id=814">http://registration.nytac.org/event/?pid=1&amp;id=814</a></td>
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<tr>
<td>Poughkeepsie</td>
<td>Oct. 7 &amp; 8</td>
<td><a href="http://registration.nytac.org/event/?pid=1&amp;id=815">http://registration.nytac.org/event/?pid=1&amp;id=815</a></td>
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<tr>
<td>Plattsburg</td>
<td>Oct. 17 &amp; 18</td>
<td><a href="http://registration.nytac.org/event/?pid=1&amp;id=818">http://registration.nytac.org/event/?pid=1&amp;id=818</a></td>
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<td>Albany</td>
<td>Nov. 6 &amp; 7</td>
<td><a href="http://registration.nytac.org/event/?pid=1&amp;id=816">http://registration.nytac.org/event/?pid=1&amp;id=816</a></td>
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Who We Are

New York Center for Child Development

• NYCCD has been a major provider of early childhood mental health services through federal, state, city and philanthropic funded programs in New York
• NYCCD has a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice
• NYCCD, in partnership with the McSilver Institute of Poverty Policy and Research, was selected as the Early Childhood Mental Health Training and Technical Assistance Center (TTAC)
  For more information on TTAC go to our website at www.ttacny.org

CTAC

• Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC)
Kathleen Mulrooney, MA, LPCIMH-E® (Clinical/Mentor) Program Director/ Infant and Early Childhood Mental Health (IECMH) for Professional Development & Workforce Innovations at ZERO TO THREE
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: An Overview of DC:0-5™

Presented by: Kathleen Mulrooney, MA, LPC, IMH-E® IV

ZERO TO THREE
• ZERO TO THREE is a national nonprofit organization whose mission is to ensure that ALL babies and toddlers have a strong start in life.

• At ZERO TO THREE we envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential.

• ZERO TO THREE has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools, and responsive policies for millions of parents, professionals, and policymakers.
What Does Mental Health Have To Do With Babies?
IECMH refers to a child’s capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn. All in the context of family, culture, and community.

Cohen, 2009
Diagnostic Classification

1994

2005

2016
Why Diagnose in Infancy and Early Childhood?

- To use shared language among professionals and families
- To guide treatment
- To provide service for families
- To determine the need for additional services
- To be able to link the infant’s/young child’s presentation to research that has focused on diagnoses to describe course and treatment approaches
- To seek authorization/reimbursement
Process
• Alice Carter -- University of Massachusetts, Boston
• Julie Cohen -- ZERO TO THREE
• Helen Egger – New York University
• Mary Margaret Gleason -- Tulane University
• Miri Keren -- Tel Aviv University
• Kathleen Mulrooney -- ZERO TO THREE
• Alicia Lieberman -- University of California San Francisco
• Cindy Oser -- ZERO TO THREE
• Charles H. Zeanah -- Tulane University (Chair)
Framework for Creating the Diagnostic Classification: DC:0–5

- Practitioners
  - (bold, risk-taking, pragmatic)
- Revision Task Force
  - (searching for balance; short timeline)
- Researchers
  - (cautious, skeptical, idealistic)

- Empirically derived
  - weight given to those disorders with more research
- Clinically meaningful
  - value practitioner input
The Balancing Act

Identify children with clinically impairing disorder to increase chance of access to evidence-based treatments

Avoid pathologizing children demonstrating normal variations of typical development
Impairment for Every Disorder

Symptoms of the disorder, or caregiver accommodations in response to the symptoms, significantly impact the young infant’s/young child’s and/or family’s functioning in one or more of the following ways:

1. Cause distress to the infant/young child;
2. Interfere with the infant’s/young child’s relationships;
3. Limit the infant’s/young child’s participation in developmentally expected activities or routines;
4. Limit the family’s participation in everyday activities or routines; or
5. Limit the infant’s/young child’s ability to learn and develop new skills, or interfere with developmental progress.
Global Changes

• Expands age range to 5 years
• Extends criteria to younger ages whenever possible
• Includes a diagnostic algorithm for each disorder
• Requires distress and/or functional impairment
• Includes all disorders relevant for young children
• Includes more attention to cultural context
• Text provided for each disorder
• Groups disorders into clusters
• Crosswalk to other nosologies included (DSM-5 and ICD-10)
Multiaxial System

• Axis 1: Clinical Disorders
• Axis II: Relational Context
• Axis III: Physical Health Conditions and Considerations
• Axis IV: Psychosocial Stressors
• Axis V: Developmental Competence
Red Flag Emotional or Behavioral Patterns

Patterns that:

• are unusual for the infant/young child
• cause parents and others to see the infant/young child as “difficult”
• make satisfying interactions difficult
• are seen in multiple settings by a number of people
• persist
• cause distress or impairment to the infant/young child and family
• are outside of the wide range of age-appropriate or cultural norms

Parlakian and Seibel (2002)
The Diagnostic Process

- Assessment
- Clinical Formulation
- Diagnosis

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We diagnose disorders not children...
Multiaxial Framework
Axis I Disorders

Axis I – Disorder Categories:

- Neurodevelopmental Disorders (10)
- Sensory Processing Disorders (20)
- Anxiety Disorders (30)
- Mood Disorders (40)
- Obsessive Compulsive and Related Disorders (50)
- Sleep, Eating and Crying Disorders (60)
- Trauma, Stress and Deprivation Disorders (70)
- Relational Disorders (80)
Neurodevelopmental Disorders

- Attention Deficit Hyperactivity Disorder
- Overactivity Disorder of Toddlerhood
- Autism Spectrum Disorder
- Early Atypical Autism Spectrum Disorder
- Global Developmental Delay
- Developmental Language Disorder
- Developmental Coordination Disorder
- Other Neurodevelopmental Disorder
Sensory Processing Disorders

- Sensory Over-Responsivity Disorder
- Sensory Under-Responsivity Disorder
- Other Sensory Processing Disorder
Anxiety Disorders

• Generalized Anxiety Disorder
• Separation Anxiety Disorder
• Social Anxiety Disorder (Social Phobia)
• Selective Mutism
• Inhibition to Novelty
• Other Anxiety Disorder
Mood Disorders

- Depressive Disorder of Early Childhood
- Disorder of Dysregulated Anger and Aggression of Early Childhood
- Other Mood Disorder

Photo by Kiwi Street Studios
Obsessive Compulsive and Related Disorders

- Obsessive Compulsive Disorder
- Tourette’s Disorder
- Vocal or Motor Tic Disorder
- Trichotillomania
- Skin Picking Disorder
- Other Obsessive Compulsive and Related Disorders
Sleep, Eating and Crying Disorders

Sleep Disorders
- Sleep Onset Disorder
- Night Waking Disorder
- Partial-Arousal Sleep Disorder
- Nightmare Disorder of Early Childhood

Eating Disorders of Infancy
- Overeating Disorder
- Undereating Disorder
- Atypical Eating Disorder

Excessive Crying Disorder

Other Disorder of Sleep, Eating or Crying
Trauma, Stress and Deprivation Disorders

• Posttraumatic Stress Disorder
• Adjustment Disorder
• Complicated Grief Disorder of Early Childhood
• Reactive Attachment Disorder
• Disinhibited Social Engagement Disorder
• Other Trauma, Stress and Deprivation Related Disorder
Relationship Specific Disorder of Early Childhood

- Disorder is evidenced between the child and a specific primary caregiver rather than within-the-child and expressed in most settings.
- Children construct different kinds of relationships with different caregivers based on their lived experiences with each caregiver.
- Relationship disorder diagnosis
  - calls attention to what may be the most useful target of intervention
  - Not intended to blame a parent or caregiver for shortcomings.
Axis II: Relational Context Overview

- Used to characterize the caregiving context
- Encourages systematic characterization of relationships and caregiving environment
- Part A: Caregiver–Infant/Young Child Relationship Adaptation
  - Table 1: Dimensions of Caregiving
  - Table 2: Infant’s/Young Child’s Contributions to the Relationship
  - Levels of Adaptive Functioning—Caregiving Dimension
- Part B: Caregiving Environment and Infant/Young Child Adaptation
  - Table 3: Dimensions of the Caregiving Environment
  - Levels of Adaptive Functioning—Caregiving Environment
Physical Health Conditions and Considerations

1. Acute medical conditions
2. Conditions requiring medical or dental procedures
3. Recurrent or chronic pain (from any cause)
4. Physical injuries or exposures reflective of caregiving environment
5. Growth trajectory problems
6. Medication effects
7. Developmental conditions
8. Markers of health status
Psychosocial and environmental stressors:

- May influence the presentation, course, treatment, and prevention of mental health symptoms and disorders
- Often co-occur

Comprehensive consideration of stressors affecting the infant/young child is an important part of understanding an infant/young child in context.
Axis V: Developmental Competence

- Axis V is designed to capture the young child’s developmental competencies
  - in relation to expectable patterns of development
  - in and independent of interactions with important caregivers

- The clinician rates the child’s functioning in key developmental domains understanding that development is integrative.

- Mental health must be evaluated and understood in the context of developmental capacities
Our Culture Is Our Context

Cultural values, beliefs, and assumptions shape our

Goals and expectations for children

Expression of love and nurturing

Approach to discipline and limit-setting

Parlakian & Day, 2004
DC:0-5 Crosswalks and Training Offerings
DC:0-5™ Crosswalk

• The “crosswalk” links:
  • DC:0-5 disorders
  • Diagnostic and Statistical Manual (DSM5) disorders
  • ICD-10 codes

• Available at:

DC:0-5™ Training

- Official two-day or extended day trainings for advanced infant and early childhood mental health professionals
- Certified DC:0-5 Training of Trainers

DC:0-5 Seminars

- Online or onsite overview trainings customized for a variety of disciplines and experience levels

DC:0-5 Faculty Teaching Resource

- Resource for higher education course instruction to include information on DC:0-5
Questions or Reflections?
For more information...

- For updates, visit https://www.zerotothree.org/resources/services/dc-0-5-manual-and-training
- For specific questions regarding DC:0-5™ email us at DC05@zerotothree.org
- Please direct training requests to Kathy Mulrooney kmulrooney@zerotothree.org

Thank you for your participation in today’s presentation and interest in understanding diagnosis and classification in infancy and early childhood.